

07-06-01

Attorney Docket No.: CUTLER-06326

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Box Patent ApplicationAssistant Commissioner For Patents

Washington, D.C. 20231

NEW APPLICATION TRANSMITTAL

Transmitted herewith for filing is the patent application of Neal R. Cutler for Sublingual Administration of Dihydroergotamine For The Treatment Of Migraine.

CERTIFICATION UNDER 37 C.F.R. § 1.10

I hereby certify that this New Application Transmittal and the documents referred to as enclosed therein are being deposited with the U.S. Postal Service on this date **July 5, 2001** in an envelope as "Express Mail Post Office to Addressee" Mailing Label Number **EL512052701US** addressed to: **Box Patent Application**, Assistant Commissioner For Patents, Washington, D.C. 20231.

Traci E. Light

1. Type Of Application

This new application is for a(n)

Original (nonprovisional)

2. Papers Enclosed That Are Required For Filing Date Under 37 C.F.R. § 1.53(b) (Regular) or 37 C.F.R. § 1.153

(Design) Application

19 Pages of Specification

1 Pages of Claims

Page of Abstract

0 Sheets of Informal Drawings

3. Declaration

Enclosed

Unexecuted.

4. Inventorship Statement

The inventorship for all the claims in this application is:

the same

5. Language

English

6. Assignment

An assignment of the invention to R.T. Alamo Ventures, Inc. is attached.

Form PTO-1595 will follow.

7. Fee Calculation (37 C.F.R. § 1.16)

Regular application

CLAIMS AS FILED

Number Filed	Number Extra	Rate 0 × \$18.00 =	Basic Fee - \$690.00 (37 C.F.R. § 1.16(a)) \$0.00
Total Claims (37 C.F.R. § 1.16(c))	14 - 20 =		
Independent Claims (37 C.F.R. § 1.16(b))	1 - 3 =	0 × \$78.00 =	\$0.00
Multiple Dependent Claim(s), if any (37 C.F.R. § 1.16(d))	+ \$260.00 =		\$0.00
	Fil	ing Fee Calculation	\$690.00

8. Small Entity Statement(s)

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Verified Statement(s) that this is a filing by a small entity under 37 C.F.R. §§ 1.9 and 1.27.

Filing Fee Calculation (50% of above)

\$345.00

\$345.00 \$345.00

×

			Attorney Docket No.:		
9.	Fee Payment Being Made At This Time				
	X	Enclosed			
		×	basic filing fee		
			Total Fees Enclosed		
10.	Method	of Payment of Fees			
		×	Check in the amount of \$345.00		
11.	Authoriz	Authorization To Charge Additional Fees and Credit Overpayment			
	X	The Commissioner is hereby authorized to charge payment of any fees associated with this communication or credit any overpayment to Deposit Account No.: 08-1290. An originally executed duplicate of this transmittal is enclosed for this purpose.			
12.	Power o	wer of Attorney by Assignee			
	×	Enclose	d /		
13.	13. Return Receipt Postcard		ostcard		
	×	Enclose	1 ////		

Dated: _____ July 5, 2001

Peter G. Carroll Registration No.: 32,837

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Statement Where No Further Pages Added

This transmittal ends with this page.